

Medicaid Cost Sharing

Some Medicaid participants must pay a monthly premium for their Medicaid benefits.

If your family income falls within the limits listed in the chart below and your child is enrolled in the Medicaid Basic Plan, you must pay a \$10 or \$15 premium. If your family income is less than the amounts listed below you won't have to pay a premium.

2006 income limits

How many people are in your family?	If your family income each month is in this column, you pay \$10 per child each month.	If your family income each month is in this column, you pay \$15 per child each month.
1	\$1,087 to \$1,225	\$1,226 to \$1,511
2	\$1,464 to \$1,650	\$1,651 to \$2,035
3	\$1,841 to \$2,075	\$2,076 to \$2,559
4	\$2,218 to \$2,500	\$2,501 to \$3,083
5	\$2,595 to \$2,925	\$2,926 to 3,608
6	\$2,971to \$3,350	\$3,351 to \$4,132
7	\$3,348 to \$3,775	\$3,776 to \$4,656
8	\$3,725 to \$4,200	\$4,201 to \$5,180

You can pay your cost sharing by personal check, money order, or cashier check made out to Family Medicaid.

Send your payment to:

Family Medicaid
Department of Health and Welfare
150 Shoup Ave, Suite 5
Idaho Falls, ID 83402

If you have questions call Family Medicaid toll free at (866) 326-2485.